PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 09/751943												943
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
TOTAL CLAIMS			20				RATI		EE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	EE 35	5.00	_	BASIC FEE	─ ──
To	OTAL CHARGE	ABLE CLAIMS	a) minus 20=		. 0		X\$ 9	+			V240	
INDEPENDENT CLAIMS			3 minus 3 =		. 0		-	—		OR	X\$18=	
_							X40-			OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								-		OR	+270=	
* If the diff_rence in column 1 is less than zero, enter *0* in column 2							TOTA			OR	TOTAL	710
CLAIMS AS AMENDED - PART II								<u> </u>			OTHER	
(Column 1) (Column 2) (Co							SMAL	T ENT	ITY	OR.	SMALL	ENTITY
AENTA		REMAINING AFTER AMENDMENT		PAID	BEA	PRESENT EXTRA	RATE	TIO	DI- NAL EE		RATE	ADDI- TIONAL SEE
AMENDMENT	Total	. 20	Minus	. 2	9	=	X\$ 9=			QP.	X\$18=	
	Independent	. 3	Minus	3		=	X40=		7	OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA				CLAIM			1		UH		-
										OR	+270=	
								E		OR	TOTAL ADDIT. FEE	
_	8 - F. W. W.	(Column 1)	Transaction to the same	(Colum		(Column 3)						
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID	BER	PRESENT EXTRA	RATE	AD TIO	NAL		RATE	ADDI- TIONAL FEE
	Total	. 51	Minus	. 5	Ø	=	X\$ 9=			OR	X\$18=	50,"
	Independent	• 3	Minus	•••	3	s ·	X40=		-		X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+-		OR		
										OR	+270=	
								E		OR A	TOTAL ODIT, FEE	50.5
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT. EXTRA	RATE	ADI TION FE	JAL		RATE	ADDI- TIONAL FEE
ON	Total	•	Minus .	**			X\$ 9=			OR	X\$18=	
AME	Independent	• - 1, ,	Minus	•••		=	X40=	十一	_	 	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							╀	- '	DR	7.00=	
٠,	the entry in color	+135=		c)R	+270=						
	"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL ODIT, FEE	
	he Highest Num	hiber Previously Paid ber Previously Paid	i For' (Total or	o orace is Independe	=ess than nt) is the	is, enter "3." highest number fo	ADDIT. FEE		e box i			
CRM Rev. 6	PTO-875	DECT	ALIALIA	ADIC	77	DV P	terd and Trad	emark Off	ce, U.S.	DEPA	RTIMENT OF	COMMERCE

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Application or Docket Number